



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

2003-2004 LEA MEDI-CAL BILLING OPTION ANNUAL REPORT

Enclosed are the 2003-2004 Annual Report Form and its attachments, along with instructions for completion. As specified in the Local Educational Agency (LEA) Provider Participation Agreement, enrolled LEAs must submit an annual report describing their collaborative, service priorities, and reinvestment expenditures. Each LEA Medi-Cal provider with an enrollment effective date prior to July 1, 2004 is to complete the report, which must be returned on or before December 15, 2004. Deadline extensions will not be granted.

The Department of Health Services (Department) must receive an original hardcopy of the Annual Report. You may not submit a facsimile in place of a hardcopy. It is also required that the enclosed Annual Report Form and attachments, created by the Department, be utilized. Do not make two-sided, back-to-back copies of the pages.

An Annual Report is required whether or not the LEA has submitted Medi-Cal claims during the 2003-2004 Fiscal Year (July 1, 2003 through June 30, 2004). In addition, the Department's receipt of the 2003-2004 Annual Report is necessary to allow the LEA to claim Medi-Cal reimbursement during the 2004-2005 Fiscal Year.

Mail all pages of the original LEA Medi-Cal Billing Option 2003-2004 Annual Report, including Attachment 1 and Attachment 2, on or before December 15, 2004 to:

Department of Health Services
Payment Systems Division
Facilities and Programs Unit
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

If you have questions about the LEA Medi-Cal Billing Option Annual Report, please contact Provider Enrollment Branch at (916) 319-8104

Provider Enrollment Branch
Payment Systems Division